

**Subject** Individual and small group prescription drug benefits

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**Date** February 23, 2021

### Overview

This bill requires health insurers to offer individual and small group health plans with two prescription drug components: (1) the covered prescription drugs must have a fixed co-pay; and (2) prescription drug coverage applies before the deductible is met.

### Summary

Section	Description
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<b>1</b>	<b>Prescription drug benefits.</b>
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(a) Requires that 25 percent of the individual health plans offered by an insurer apply a predeductible flat-dollar amount co-pay structure for prescription drugs.

(b) Requires that 25 percent of the small group health plans offered by an insurer apply a predeductible flat-dollar co-pay structure for prescription drugs.

(c) Limits the highest co-pay under this subdivision to 1/12 of the plan's out-of-pocket maximum.

(d) Requires the co-pay structure for prescription drugs under this subdivision to be graduated and proportionate.

(e) Requires individual and small group health plans offered under this subdivision to be clearly named, marketed in the same way as other health plans, and offered for purchase to any individual or small group.

(f) Clarifies that this subdivision does not apply to catastrophic plans, grandfathered plans, large group health plans, health savings accounts (HSA), qualified high deductible health benefit plans, limited health benefit plans, or short-term limited-duration health insurance policies.

Section	Description
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(g) Requires health plans to meet the requirements of this subdivision separately for plans offered through MNsure under chapter 62V and plans offered outside of MNsure.

**Effective date:** This section is effective January 1, 2022, and applies to individual and small group health plans offered, issued, or renewed on or after that date.



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